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01-14-02

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1/11/02  
PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.	8571.0042
First Named Inventor or Application Identifier	
Title: RF Communications Method and System for Laser Ultrasonic Testing	
Express Mail Label No.	EV 011 384 258 US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Specification  
*(preferred arrangement set forth below)*
  - 1 - Descriptive title of the Invention
  - 2 - Background of the Invention
  - 3 - Brief Summary of the Invention
  - 2 - Brief Description of the Drawings *(if filed)*
  - 12 - Detailed Description
  - 6 - Claim(s)
  - 1 - Abstract of the Disclosure
4.  Oath or Declaration [Total Pages] 2  
*(including Supplemental Declaration)*
  - a.  Unexecuted
  - b.  Copy from a prior application (37 CFR §1.63(d))  
*(for continuation/divisional with Box 17 completed)*

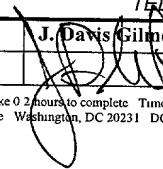
**[Note Box 5 below]**

  - i.  **DELETION OF INVENTOR(S)**  
signed statement attached deleting  
inventor(s) named in the prior application  
See 37 CFR §1.63(d)(2) and 1.33(b)/
5.  Incorporation by Reference *(useable if Box 4B is checked)*  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by referenced therein
6.  Microfiche Computer Program *(Appendix)*

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment.**

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_  
**Prior application information:** Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below	
		22,444			
NAME	Hughes & Luce, LLP				
ADDRESS	1717 Main Street, Suite 2800				
CITY	Dallas	STATE	Texas	ZIP CODE	75201
COUNTRY	U.S.A.	TELEPHONE	214-939-5500	FAX	214-939-6100
Name (Print/Type)	J. Davis Gilmer		Registration No. (Attorney/Agent)	44,711	
Signature			Date	1/11/02	

**Burden Hour Statement:** This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**FEE TRANSMITTAL FOR  
FY 2002**

Patent Fees are subject to annual revision.

Applicant claims small entity status.  
See 37 CFR 1.27

**Total Amount of Payment** **\$1340.00**

**Application Number**

Not Yet Assigned

**Filing Date**

January 11, 2002

**First Named Inventor**

Mark Alan Osterkamp

**Examiner Name**

Not Yet Assigned

**Group / Art Unit**

Not Yet Assigned

**Attorney Docket No.**

8571.0042

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account No. **50-1343**

Deposit Account Name: Hughes & Luce, LLP

The Commissioner is authorized to: (check all that apply)

Charge any fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below (except for the filing date) to be above identified deposit account.

**FEE CALCULATION**

**1. Basic Filing Fee**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
<b>Subtotal (1)</b>			<b>\$740.00</b>

**2. Extra Claim Fees For Utility and Reissue**

Claims	Extra	Fee (below)	Fee Paid
Total	37 -20** =	17	x \$ 18 = \$ 306
Independent	10 - 3** =	7	x \$ 42 = \$ 294
Multiple/Dependent			\$

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
<b>Subtotal (2)</b>		

\*\*or number previously paid, if greater. For Reissues, see below

**FEE CALCULATION (continued)**

**3. Additional Fees**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1510	138	1510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
179	740	279	370
169	900	169	900

Other fee (specify): \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**Subtotal (3)** \$

Complete (if applicable)

**SUBMITTED BY**

Name (Print/Type)

J. Davis Gilmer

Registration No. 44,711

Telephone

214-939-5500

Signature

Date

1/11/02